# L2000177744

| (Re                   | questor's Name)   |  |
|-----------------------|-------------------|--|
| (Ad                   | dress)            |  |
|                       | dress)            |  |
| (Ad                   | uiess)            |  |
| (Cit                  | y/State/Zip/Phone | · #)                                   |
| PICK-UP               | MAIT              | MAIL                                   |
| (Bu                   | siness Entity Nam | ne)                                    |
| (Do                   | cument Number)    |  |
| tified Copies         | _ Certificates    | of Status                              |
| ecial Instructions to | Filing Officer:   |  |
|                       |                   |  |
|                       |                   |  |
|                       |                   |  |
|                       |                   |  |
| <del></del>           | Office Use Onl    | ······································ |



900343254249

07/02/20--01003--001 \*\*97.50

04/27/20--01039--023 ++52.50

20 JUN 15 PH 7: 55

D O'KEEFE

JUL 01 2020

W20-43099



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2020

JEFFREY C STEINERT JAMESON PEOPLE CANTU PLLC 801 2ND AVE, STE 700 SEATTLE, WA 98104

SUBJECT: STILLPOINT FARM LLC

Ref. Number: W20000043099

We have received your document for STILLPOINT FARM LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms are enclosed. Please complete and return with an additional payment of \$97.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 820A00008998

2020 JUN 15 ANTH: 39

#### **COVER LETTER**

| Divisio  | n of Corporation                                   | ns                         |                                     |  |   |
|--|--|----------------------------|-------------------------------------|--|---|
| SUBJECT:   | STILLPOINT   | FARM LLC                   |                                     |  |   |
|  |  | (Name of Resi              | ulting Florida Limite               | d Company)                                 | <del></del>   |
|  |  |                            |                                     |  | e submitted to convert an "Othe<br>e with s. 605.1045, F.S. |
| Please return a  | ill correspondent                                  | ce concerning              | g this matter to:                   | •  |   |
| Jeffrey  | C. Steinert  |                            |                                     |  |   |
| · -  | (Contact   | Person)                    |                                     |  |   |
| Jameson  | Pepple Cant  |                            |                                     |  |   |
|  | (Firm/Co   | ompany)                    |                                     |  |   |
| 801 2nd  | Avenue, Sui  | te 700                     |                                     |  |   |
|  | (Add   | lress)                     |                                     |  |   |
| Seattle  | , WA 98104   |                            |                                     |  |   |
|  | <del>`                                      </del> | ınd Zip Code)              |                                     |  |   |
| ISTRINE  | RT@JPCLAW.CO                                       | M                          |                                     |  |   |
|  | ess: (to be used for t                             |                            | port notifications)                 |  |   |
| For further inf  | ormation concer                                    | ning this ma               | tter, please call:                  |  |   |
| Jeffrey  | C Steinert   |                            | _at (206                            | 625-9984                                   | <del></del>   |
| (Name  | of Contact Person)                                 |                            | (Area Code)                         | (Daytime Telep                             | phone Number)   |
|  | check for the fol                                  |                            |                                     | rocessed by the                            | is office must be payable in US                             |
| \$150.00 Filin<br>(\$25 for Convers<br>& \$125 for Artic<br>of Organization) | ion and Certi                                      | 0 Filing Fees<br>ficate of | □\$180.00 Filing and Certified Copy | / Certified                                | 00 Filing Fees,<br>I Copy, and<br>Ite of Status             |
| New F<br>Division  | g Address:<br>iling Section<br>on of Corporatio    | ns                         |                                     | Street Addres New Filing Se Division of Co | ction<br>orporations  |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

# Articles of Conversion

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| l.       | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Stillpoint Farm LLP   |
|----------|--|
|          | (Enter Name of Other Business Entity)  |
| 2.       | The "Other Business Entity" is a Florida limited liability partnership   |
|          | (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| Fir      | st organized, formed or incorporated under the laws of the State of Florida  |
|          | (Enter state, or if a non-U.S. entity, the name of the country)  |
| οn       | August 12, 2003  |
| <b>V</b> | (date of organization, formation or incorporation)   |
| 3.       | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
|          | Stillpoint Farm LLC  |
|          | (Enter Name of Florida Limited Liability Company)  |
| 4.       | If not effective on the date of filing, enter the effective date:  |
| th       | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after<br>e date this document is filed by the Florida Department of State.)                       |
|          | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. |
| 5.       | The plan of conversion has been approved in accordance with all applicable statutes.   |
| •        | The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.          |
|          | ·  |

| Signed this 12th day of May   | 2020   |
|---|--|
| Signature of Authorized Representative of Limit   | ed Liability Company:  |
| Signature of Authorized Representative: Printed Name: Arlene F. Page  | Title: Manager   |
| Signature(s) on behalf of Other Business Entity: [  | See below for required signature(s)                            |
| Signature: Printed Name: Arlene E. Page   | Title: Manager   |
| Signature: Printed Name:  |  |
| Signature:Printed Name:   | Title:   |
| Signature: Printed Name:  | Title:   |
| Signature:Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. |  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                             | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of ALL General Partners.                           | y Limited Partnership:   |
| All others: lignature of an authorized person.  |  |
| ees:  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

20 JUN 15 PH 7: 55

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company                              | y is:   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Stillpoint Farm LLC  |   |  |  |  |  |  |  |
| (Must contain the words "Limited Li                                    | ability Company, "L.L.C.," or "LL.C.")  |  |  |  |  |  |  |
| ARTICLE II - Address:<br>The mailing address and street address of the | ne principal office of the Limited Liability Company is:  |  |  |  |  |  |  |
| Principal Office Address:  | Mailing Address:  |  |  |  |  |  |  |
| 4394 S Shore Blvd<br>Wellington, FL 33414                              | 2430 Estancia Blvd., Suite 114<br>Clearwater, FL 33761  |  |  |  |  |  |  |
|  | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: |  |  |  |  |  |  |
|  | the registered agent are:   |  |  |  |  |  |  |
| <del></del>  | elevard, Suite 114  (P.O. Box NOT acceptable)   |  |  |  |  |  |  |
| <u>Clearwater</u><br>City  | FL 33761 Zip  |  |  |  |  |  |  |
| •  | and to accent semice of process for the above stated limite   |  |  |  |  |  |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

stered Agent's Signature (REQUIRED)

Jeffrey C Steinert, VP

(CONTINUED)

| Δ                | D | T | 14 | ור | Ι. | F | I | v | _ |
|------------------|---|---|----|----|----|---|---|---|---|
| $\boldsymbol{r}$ |   |   |    | _  | ы. | Ľ |   | v | • |

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address:                                      |                  |  |  |  |  |
|--|--|------------------|--|--|--|--|
| MGR  | Arlene F. Page 4394 \$ Shore Blvd Wellington, FL 33414 |                  |  |  |  |  |
| <del></del>  |  | •<br>•           |  |  |  |  |
|  |  | •<br>-           |  |  |  |  |
| (Use attachment if necessary)                            |  | •<br>•<br>•<br>• |  |  |  |  |
| ARTICLE V: Other provisions, if any.                     |  |                  |  |  |  |  |
| REQUIRED SIGNATURE:                                      | all he   |                  |  |  |  |  |

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Arlene F. Page, Manager

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)